



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
COMMISSION ON HUMAN RIGHTS  
**HOUSING DISCRIMINATION INFORMATION FORM**

P.O. Box 1129  
Jefferson City, MO 65102-1129  
Telephone: 573-751-3325

If you believe your housing rights have been violated, the Missouri Commission on Human Rights (**MCHR**) is ready to help you file a complaint.

**You have 180 days from the date of the alleged act of discrimination to file your complaint with the MCHR and one year from the act to file with the federal Department of Housing and Urban Development (HUD).**

After your information is received, we will contact you to discuss the concerns you raise.

**Instructions:** Please type or print your answers on this form. If you don't know the answer or a question does not apply to you, leave the space blank. Additional pages may be attached if more space is required to respond.

Your Name	Your Address	
Daytime Telephone		
Evening Telephone		
<b>Who else can we call if we cannot reach you?</b>		
Contact Name	Daytime Telephone	Evening Telephone
<b>What happened to you?</b> How were you discriminated against? <i>For example:</i> Were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened.		

**Why do you believe you are being discriminated against?**

It is a violation of the law to deny you your housing rights for any of the following factors: ▪ Race, ▪ Color, ▪ Religion, ▪ Sex, ▪ National Origin, ▪ Familial Status (families with children under the age of 18 or if you are currently pregnant), ▪ Disability. **For example:** Were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any of the factors listed above.

**If you believe it was because of your children, please list their names and dates of birth.**

**Who do you believe discriminated against you?**

Was it a landlord, owner, bank, real estate agent, broker, company or organization?

Name	Address
Company	
Telephone	

**Where did the alleged act of discrimination occur?**

Provide the address. **For example:** Was it a rental unit? Single Family Home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?

Name of the Complex/Bank	Address
When did the last act of discrimination occur?	
Is the alleged discrimination continuous or ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature	Date
-----------	------

Please return this form to:      Missouri Commission on Human Rights  
P.O. Box 1129  
Jefferson City MO 65102-1129